

**APPLICATION TO DHFS EXCEPTIONS PANEL FOR
EXCEPTION TO CH. HFS 56 OR CH. HFS 38
(FOSTER HOME / TREATMENT FOSTER HOME LICENSING)**

Name - Foster Home / Treatment Foster Home Applicant / Licensee

Address - Applicant / Licensee (Street, City, State, Zip Code)

Telephone Number - Home

Telephone Number - Work

Fax Number

Rule Citation(s) for Which Exception is Requested

Rationale for each request. If additional space is needed, use back of form.

☐ Yes ☐ No This exception has been granted to me previously.

Explanation of alternative provisions for each request. If additional space is needed, use back of form.

SIGNATURE - Applicant / Licensee

Date Signed

Name - Licensing Agency

Name - Agency Representative

Telephone Number

If recommendation of licensing agency
is:

☐ Approve application as is

Forward to DHFS Exceptions Panel

☐ Approve licensing agency
alternative

Describe the alternative on this form and forward to DHFS
Exceptions Panel

☐ Deny request

Return to Foster Home Applicant / Licensee and do not
forward to Exceptions Panel

If approved, for what time period?

☐ Current licensure

☐ _____ to _____

SIGNATURE - Agency Representative

Date Signed

Decision of DHFS Exceptions Panel:

☐ Approve application as is

☐ Approve licensing agency alternative

☐ Deny request

☐ Does not require DHFS Exceptions Panel approval

Comments. If additional space is needed, use back of form.

SIGNATURE - Panel Chairperson

Date Signed

The approved exception is granted for the period of: ☐ Current licensure ☐ _____ to _____

Submit form to: DHFS Exceptions Panel, DHFS / DCFS / BPP, P.O. Box 8916, Madison, WI 53708-8916